THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XLVII. Wednesday, December 22, 1852. No. 21.

RESPIRATION SUBSERVIENT TO NUTRITION.*

BY E. LEIGH, M.D., TOWNSEND, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

Nutrition is the cardinal function of organic life throughout the whole animal kingdom. In the higher animals, and especially in the human system, a great number and variety of functions are subservient to this, all converging towards it as a common centre. Among these may be mentioned mastication, salivation, deglutition, digestion or chymification, chylification, respiration and circulation. Some of these functions, however, such as digestion, respiration and circulation, are common to all animals, even the very lowest. They all must receive, dissolve, elaborate and circulate the materials necessary to build up their tissues and sustain the vital action of all their organs. It is only in the very first period of their life, when they exist in the form of a simple germinal cell, that these subordinate functions appear to be wanting. The nutrition of such a cell-animal would seem to be conducted without any preparatory process, unless the function of respiration be probably associated with it.

In the higher animals the many various functions referred to are, to a great extent, performed each by a separate organ; so that, in the human system, we find a large number and variety of distinct organs, a peculiar and appropriate office being assigned to each. In the lowest radiata, on the contrary, these functions, or rather so many of them as are essential, are performed by the walls of a single cavity. Thus, in the highest animals, there is a complication of many diverse organs, and each organ is also more or less complicated in itself, but the function of each separate organ is extremely simple; while in the lowest polypi, the reverse is the case, they having a single cavity, a simple organ, performing complicated functions. In the intermediate types of the animal kingdom every variety between these two extremes may be observed. And, though the gradation is not absolutely regular and uniform on account of the tendency in each type to attain a higher and higher development in its own peculiar direction, and on account of some peculiar adaptations, as in the case of the carnivora as compared with the herbivora; still, as a general rule, we have, as we ascend from the lowest to the highest types, an increasing distribution of the functions among a variety of diverse organs; and as we descend from the highest to the lowest, a tendency to concentrate the various functions upon a single organ.*

---

* This article was written in March, 1850 (being the writer's "graduation thesis"), and is here printed without change; its allusions, therefore, to the views of physiologists have no reference to works published since that time.

If now the four great divisions of the animal kingdom be compared with each other, with reference to the tubes which contain and circulate the nutrient fluids, it will be seen, that in man there are *three* distinct sets of such tubes; one consisting of the stomach, duodenum and small intestines, with their glands and glandular diverticula; another, consisting of the lacteals, mesenteric glands and thoracic duct, with the connected lymphatic system; and another, consisting of the veins, right auricle and ventricle, pulmonary vessels, left auricle and ventricle, arteries, and the capillaries. These three sets of tubes, with some modifications in their details, are found throughout the whole type of vertebrata. But, at the other extreme, in the radiata, we have only *one* set of tubes, all opening freely into each other, being, indeed, but ramifications of one central cavity. We have, even, in some of the lowest polyps, only the central cavity itself, without branches, the fluid contained in this cavity being circulated around its walls by their contractions, very much as the contents of the stomach are moved about in that organ by its contractions. In the intermediate types, and especially in the great division of articulata, there are *two* sets of tubes, a set of digestive tubes, and a set of vessels opening into each other and containing only chyle; the two sets, however, being distinct from each other, and only connected, as the intestines and lacteals are in the human system.

Thus throughout the whole great division of vertebrata, of which man is the highest type, there are *three* distinct sets of vessels, the chymiferous, the chyliferous or lymphatic, and the sanguiferous or bloodvessels; the next lower divisions, the articulata and mollusca, have only *two* sets of vessels, the chymiferous and chyliferous, the bloodvessels not existing in these types; while the radiata have but *one* system of vessels, the chymiferous, both the chyle- and blood-vessels being wanting in this type. While, therefore, in the highest division, the food is transformed successively into chyme, chyle, and blood, before it is presented to the various tissues for assimilation and nutrition, in the divisions next below, it is transformed into chyme and chyle before it is prepared for the nutrition of the body; and in the lowest division, the process of elaboration extends only to the formation of chyme. The circulation of the vertebrata is thus a circulation of *blood;* that of the articulata and mollusca is only a circulation of *chyle*; while that of the radiata is still lower, a circulation of *chyme* mingled with water.

These facts, which have recently been brought out† in their relations to each other, by extensive comparisons of the various types of the animal kingdom, have led me to a series of inquiries concerning the relation of the respiratory function to nutrition, which seem to be of sufficient importance to warrant some special investigations. It will be impossible within the appropriate limits of this essay to give more than a mere sketch of this train of thought.

---

* It is true that the lower animals have, often, a large number of organs. Multiplicity of parts is one of their characteristics; but it is multiplicity of similar parts. They have many organs identical in structure, and with identical functions. This is wholly different from the many diverse organs, each having its peculiar function, which has been mentioned as so characteristic of the higher animals.

† By Professor Agassiz.

On considering the results arrived at by such a comparison of the circulating fluids of the different types of animals, this most striking and interesting fact at once presented itself—that the nutrient fluid, whether it be in the form of blood, chyle or chyme, whether it be more or less highly elaborated, must first be aërated in the respiratory organs before it is prepared to subserve its appropriate purpose in the animal economy. This is true of all animals.

There is, in this respect, a remarkable uniformity, throughout the whole animal kingdom as compared with the diversity of the fluids which has just been noticed. Although there are five distinct plans of structure of the respiratory organs (two in the type of vertebrata, and one in each of the three inferior types), no one of which is in any way homologous to either of the others, and though these organs are variously modified to adapt them to a great variety of circumstances, still, with all this diversity and variety, they are perfectly uniform and identical in one respect. They are all so constructed, that, in them, the circulating fluid is brought into the closest relation with the air, or aërated water, the very thin membrane generally intervening, presenting no obstacle to the most perfect interchange of influences. So that, in all animals, from the highest to the lowest, the nutrient fluid is subjected to the action of oxygen by being brought virtually in contact with it in the respiratory organs, before it is prepared to minister to the higher function of nutrition.

The chyme and chyle of vertebrata are each perfect in their kind without the agency of the respiratory function, while the blood must be acted upon by oxygen before it can be assimilated; but in the next lower type of animals, though the chyme can be perfected without the aid of respiration, their chyle is not fitted for assimilation, until after this indispensable function of respiration has intervened; while, in the lowest class, even the chyme requires to be subjected to the influence of oxygen before it is perfectly adapted to the nutrition of the body. In all animals, therefore, the nutrient fluid, be it blood, chyle or chyme, must be aërated before it can be assimilated.

Physiologists have hitherto supposed that this aëration of the blood has principal reference to the maintenance of a due degree of animal heat. With this, the decarbonization of the blood has been connected as subsidiary to it, or as also having an importance of its own in purifying the blood of a poisonous element. One or both of these offices of respiration have been insisted upon as constituting the essence of this function, and have been discussed at great length. The relation of the respiratory function to nutrition has either been overlooked, or barely mentioned, or, at most, briefly and doubtfully discussed. This is unquestionably in a great measure owing to the fact, that in this, as well as in other departments, physiology has been studied with exclusive reference to the human system, or with some occasional references to other vertebrated animals, all of whom circulate blood containing red corpuscles. It is only in a few rare and more recent instances that comparisons have been freely extended into the inferior divisions of the animal kingdom.

But certainly there can be no reasonable objection to going to the invertebrated animals for light upon this or any other question in human physiology. On the contrary, such extensive comparisons are of the utmost importance and will lead to the most valuable results. It is true, that their plan of structure is entirely different, that there is no homology whatever between them and the highest type to which man belongs. It has been satisfactorily shown that each of the four great divisions has its own peculiar plan of structure, having, in this respect, nothing in common with the others. So that, while we may compare the legs, wings and fins, of the various classes of vertebrata with each other with reference to the plan of structure, we cannot make the least comparison, in this point of view, beyond the limits of each great division; we cannot compare the feet of man, of insects and of starfishes, with each other. Still less can we compare the wing of a bird with the wing of an insect, the former being a modified leg or arm, the latter being a modified lung. So the penis of a lobster is a modified leg, which is not the case in any vertebrated animal. And the eye of a crustacean corresponds homologically to the end of his claw, but the eye of man cannot be in any way compared to the tip of his finger. So that the plan of structure of each great division is peculiar to itself, and in no way related to either of the others, or comparable with them. We cannot advance one step in reasoning from the organs of the invertebrata to the organs of the vertebrata in this point of view. This has long since been settled, and is now beginning to be generally admitted in practice.

But not so with the functions of animals. Here they come together and can be compared with each other. They all alike consume oxygen and give out carbon; they all consume and contain within themselves more or less of nitrogenized compounds; the law of cell life and cell action is common to all, as all originate in cells, their elementary tissues are formed from cells, their functions are carried on by the agency of cells. In all the four great types, we find the functions of locomotion, prehension, deglutition, digestion, circulation, respiration, nutrition, reproduction. Even their various organs, though so diverse and distinct in their plan, approach each other more or less nearly, often very nearly, in their mode of adaptation to perform the same function. For instance, the gills of vertebrata, of articulata, and of mollusca, though formed upon three perfectly distinct types, are, yet, very closely allied in their form, and in the manner in which they are adapted to this common function. In this respect, therefore, the law of the four great divisions of the animal kingdom appears to be—utterly diverse types of organs, similarly modified, for identical functions; or, organs, typically diverse, morphologically similar, functionally identical.

Therefore, while we are not permitted to reason from the invertebrated animals to man with reference to the plan of structure of the various organs, we may reason from the lower to the higher classes with reference to the great functions common to all, and avail ourselves of the light which the phenomena of one type throw upon the more obscure and complicated phenomena of another.

The great advantage to be gained by extending the domain of comparative physiology to the whole animal kingdom, and studying human functions, by the light poured upon them by an observation of the functions of the lowest animals, is apparent from the fact, that there are among these lower animals, some which are perfectly transparent, and so small that they can be brought under the microscope and kept there in a living state while all the functions of life are going on; and not only all the minute details of the tissue, but each organ while in the actual exercise of its function, can be brought into the focus of the microscope, and there deliberately studied. Moreover these animals are, some of them, composed of unmodified cells, the muscles, for instance, being bundles or rows of contractile cells, and the nerves being strings of peculiar sensitive cells; so that, not only can the living organ be observed while performing these functions, as if the human heart or stomach were placed for hours under the eye of an observer looking through a window in the chest or abdomen, but the separate cells themselves are caught in the very act of living their cell life, and working out their peculiar cell functions.

No one, therefore, can question the propriety, and even the immense importance of studying human physiology in the light thus thrown upon it. And here a door is thrown open to new and wonderful chambers of our science which have remained hitherto unexplored, and which probably contain more valuable treasures than any that have yet been brought to view.

Without pretending or attempting, at the present time, to bring forth any of these hidden treasures, I may yet be permitted to avail myself of the simple and now obvious fact, of the diverse circulation and uniform and universal respiration of animals, to obtain, if possible, some light upon the true office of this latter function.

[To be continued.]

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of L'Union Medicale—Translated from the French by D. D. SLADE, M.D. Boston, and communicated for the Boston Medical and Surgical Journal.

THIRTEENTH LETTER.

MY DEAR FRIEND,—I return to the *mucous tubercles*. As you know, this accident, with many writers upon syphilis, is contagious. Among the proofs invoked for the support of this opinion, we must note that which considers as a result of contagion the successive development of these *mucous tubercles* upon those portions of the skin which are contiguous to those where the accident first developed itself. Thus, patients are seen who have these mucous tubercles upon the sides of the scrotum. Do they develope themselves upon the inner portion of the thighs—contagion! cry out the partisans of this opinion. If upon one side of the anus these tubercles gain the opposite side—contagion! they again cry, and so on. Those of my brethren who profess this doctrine, and there are among them some very distinguished ones, forget one little circumstance; to hold in consideration the cause which has produced the first tubercles; that is to say, the state of the constitutional infection under which the patient labors, a condition which can cause a second and a third tubercle to put forth, for they do not all appear at the same time. The consideration of the seat of preference of these tubercles cannot in any way aid the doctrine of contagion; in fact, if there is a contiguity in the parts of the skin where these tubercles appear, we must also remark that the acrid secretions are more active: that the skin, in these places, has a tendency to the mucous transformation, as in the neighborhood of the genital organs, of the anus, &c. How can we explain, moreover, by contagion, the development of these mucous tubercles from one arm-pit to the other?

I shall remain, then, always convinced, until proof to the contrary arrives, that when some have thought to have seen *mucous tubercles* contagious, while they have admitted that they could be primary accidents, they have erred in diagnosis. I do not think it useless to call to mind that *the chancre, at the period of reparation*, often assumes, in granulating, the aspect of mucous tubercles, that it can undergo sometimes a veritable metamorphosis, and become *in situ* a secondary accident, the physiognomy and the nature of which are those of mucous tubercles. If we have not been witnesses of its commencement, if we neglect to invoke the testimony of the neighboring glands, the remains of the margin of the ulcer and the characters of its base could have been so modified, that the differential diagnosis would be very difficult to make, especially for inattentive eyes and for fingers little skilled. Add to this certain particular seats, where the primary accidents are not usually observed, and where also the transformation of the chancre is more easy, and more rapid, as upon the lips, upon the tongue, upon the nipples, and you will see how easy it is to be deceived.

All those veroles, transmitted by kisses more or less lascivious, by the utensils of the table, by pipes, razors, masks, &c., have no other origin. And how many times have not these circumstances been *honest* pretexts for dissimulating other contacts! The mask, moreover, has been from all time, and in our day still, a very convenient article for dissimulating a compromising diagnosis.

Even in certain religious practices, my friend, they have sought proofs of secondary contagion; thus they have arranged in this category the syphilitic accidents transmitted to infants by the process of the Hebrew circumcision. But these accidents find their natural explanation in the presence of the primary accidents in the mouth of the circumcisers. Let me here be permitted to say that I am one of those who have most contributed to cause the ancient and dangerous practice of the suction to be rejected by the Israelite Consistoire of Paris.

Many physicians will not absolutely take into consideration the facility with which the chancre passes into the secondary state; they occupy themselves only with its seat; and when they see a chancre in the mouth, they are induced to consider it, from this fact alone, as a secondary accident. Herein lies a grave error of observation; this gives me occasion to say that the primary ulcers become much more frequent in the mouth than in the anus. I meet with these last much less frequently, both in the hospital and in the city, than formerly. It appears to me that certain shameful practices diminish in frequency, and that there is progress in this respect in the public morality. However it may be, from the fact alone that a chancre is seated in the mouth, don't conclude that it is a secondary ulcer. Do not forget the famous genito-labial nerve invented by Voltaire, a spiritual pleasantry which must be sometimes considered as serious. I knew a very distinguished brother physician, who has always remained convinced without other proof, that an ulcer of the cheek had been communicated to him by a *secondary kiss*.

If I have told you that I have often seen persons affected with different varieties of mucous tubercles upon the genital organs, who transmitted nothing in their sexual intercourse, I ought to tell you, also, that I have seen an equally large number with numerous tubercles upon the lips, upon the tongue, and upon the throat, who lived in family, and who practised all the buccal contacts permitted, without ever transmitting anything. I know a gentleman of the neighborhood of Paris who had during six months, numerous tubercles upon the tongue and upon the lips, who has had with his mistress all possible intercourse, very negligent about his treatment, and who, convinced that the accidents which he had could not be contagious, has continued his intercourse without ever communicating anything.

It is moreover, as regards the transmissibility of these secondary accidents from the nurse to the child, and *vice versâ*, that this question becomes important. The fact of this transmissibility is generally admitted. Hunter has, however, denied it, and many serious observers partake of the opinion of Hunter. This question is so important that you should permit me to give it some development. It concerns public hygiene. It is often a question of legal medicine; fraud, infidelity, cupidity, can be brought into action; it is important, then, to guard against all the causes of error, and not to accept with readiness the stories of individuals who could have more or less interest in deceiving us.

If one consults the archives of science, if one searches for the basis upon which the opinion of the contagion of secondary accidents of syphilis from the nurse to the child, and reciprocally, rests, he is astonished at the little value of facts, and how many grave men there are who are content with little. M. Bouchert, for example, in a memoir recently published (Gazette Medicale, 20 Avril, 1850), has collected all the facts which have appeared to him the most positive. Well! read this book, interesting in other respects, and you will be convinced, like myself, that the greater part of these facts are not admissible, that the observations which appear the most probable are wanting in essential details, and are so incomplete that M. Bouchert is himself forced to confess it, to such a degreee that he finishes by allowing that his conviction upon this point is more moral than scientific.

Here is what I myself have observed in this matter.

I have seen nurses and infants infected, who have been mutually accused of this infection; most generally I have succeeded in finding the point of departure, regular and inevitable, going back to a primary accident in one or the other. Sometimes I have met with merely simple coincidences. In those cases where it has not been possible for me to go back to the primary cause, I arrived too late; the children were not presented to me till five and six months or more after their being put to nurse. I have had, during several years, a ward of nurses at the Hospital du Midi. In this ward, I had often women affected with simple leucorrhœa, to whom I gave to nurse children sent to me from the Maternité, infected with secondary accidents, and never under my observation were these women infected.

On the other hand, nurses affected with very manifest secondary accidents have given the breast to infants sent to me as infected with syphilis, these latter having in reality nothing but simple eczematous, impeteginous eruptions, or species of porrigo, and never under my observation were these infants infected. My learned and industrious friend, Dr. Nonat, charged during a long time with the care of the nurses dependent upon the administration of hospitals, has arrived at the same results, and does not believe in the contagion of secondary accidents from nurses to children, and *vice versâ.*

In my private practice I have seen a great number of facts of this kind. Here is one of the most remarkable, which I observed together with my friend Dr. Chailly-Honoré. The subject of it was an infant born with hereditary syphilis, and in whom, six weeks after birth, various accidents made their appearance, such as mucous tubercles of the ano-genital regions, humid scaly papulæ upon the trunk and upon the limbs, deep ulcerations upon the lower lip. This infant was given to *a nurse upon the spot* at the moment of its birth. We were able, both M. Chailly and myself, to observe the child as well as the nurse, during the eighteen months that the nursing continued. The ulceration of the lip persisted during more than three months. This was scarcely cured, when, in spite of a careful, methodical and continued treatment, a new ulceration manifested itself upon the velum palati, and resisted also during several months. Well, this nurse remained free from all infection; she enjoyed and enjoys still the most perfect health.

Surely, this is a fact well worthy of attention. I have just observed an analogous one, with my friend M. Bassereau. A child who, with other symptoms of hereditary syphilis, had ulcerations upon the lips, was nursed with entire impunity by its nurse.

You see, my friend, how important it is, in the appreciation of similar facts, to hold in consideration all the conditions in which the nurse and child could be, if one did not wish to deceive or to be deceived.

The nurse, at the moment when she takes an infant, might be under the influence of a syphilitic diathesis which nothing yet indicates. I ought to say that in general when one takes a nurse, she is not submitted to a complete and absolute examination. I add that even when this is done, we could still be deceived, for the diathesis could exist when every trace of primitive or secondary accident had disappeared, especially in such a case as chancre upon the neck of the uterus. I ought still to add that the health of the foster-father is not always, alas ! a sufficient guarantee. I have known for a long time how I should consider the pastoral maxims upon the pure manners of the country.

The child might be born with hereditary syphilis ; child and nurse have nothing as yet apparent ; but in some weeks or months we shall see secondary symptoms manifest themselves. These might appear in the infant before, during or after a similar manifestation in the nurse. So that the first in whom the manifestation shall take place, will accuse the other, if they do not both accuse each other at the same time, which frequently occurs. They are both wrong. There is a simultaneousness, a coincidence, and with attention and patience we shall succeed in discovering the truth.

It happens sometimes that nurses contract syphilis during nursing, and the contagion can have its influence upon them through different regions. Most frequently it is by the genital organs. This fact is not uncommon for nurses who come frequently to Paris. Under these conditions the nurses infect their infants by the aid of their fingers contaminated by the virus. They infect even their husbands, and in these cases the cause of the evil is always referred to the *Parisian child*—to those *rotten* children, as these unchaste nurses are in the habit of saying. It happens very often to M. Cullerier and myself to make our observations simultaneously in our two hospitals ; he attends the woman at the Lourcine, and I attend the husband at the Hospital du Midi. These poor rustic husbands besides have an extreme candor upon the origin of their verole. The infant is invariably for them the origin of all the evil.

A mode of contagion quite common with nurses is the inoculation of the virus which they themselves convey to the nipple. Affected with a genital chancre, they carry their fingers to the diseased parts, they soil them, and then, without previous washing, they draw upon the nipple, more or less irritated, and thus implant a chancre, which they do not fail to transmit to the child. The position of these mammary chancres, of which I have recently seen a very beautiful example in the wards of M. Cullerier at the Lourcine, is very well explained by the manner in which the women take the breast to give it to the infant. I have caused another very beautiful example to be designed in the *clinique iconographique* (19e *livraison*).

Here is another means of contagion in nurses. I have met with one in whom a chancre had been communicated to the breast by an individual affected with a primitive chancre upon the lip, and who thought that he should render a good service to this woman in drawing off the milk by suction. Very recently there was a young man in my hospital having a primary ulcer upon the mamma, with numerous and indolent swellings of the axillary glands, which were followed at the end of six weeks with an enlargement of the posterior cervical glands, and with a confluent roseola. This young man had been contaminated by his mistress, who, with a chancre upon the lips, had lavished upon him some eccentric kisses.

Another mechanism. I have seen a nurse come to Paris to claim indemnity for a syphilis, which she said she had taken from the infant which she nursed. This woman had an indurated chancre upon the inner side of each mamma; these chancres were placed opposite to each other. As to the child, *rotten*, according to the nurse, it was simply suffering under a porrigo larvalis of the most common description. The parents, who were perfectly healthy, little satisfied with the accusation, and especially with the demand, resisted the pretensions of the nurse, from whom I obtained a complete avowal. A man, *who was not her husband*, in the fear of begetting a child and altering her milk, had given himself up to acts upon her, which the pen refuses to trace.

An infant can contract chancre at the time of birth, if the mother is so affected at the period of parturition. This is without doubt rare, but it is not impossible. These chancres, which are very often apt to be confounded with secondary accidents on account of their varied and unaccustomed seats, constitute, as we can easily conceive, focuses of infection for the nurses, and are afterwards offered as proofs of the possible contagion of secondary accidents. What again apparently comes to the aid of this manner of viewing things, is that in endeavoring to go back to the source from which the infant could have been contaminated, in the case where we arrive *too late*, we can find nothing upon the mother, the primary accidents which she had at the moment of the parturition having had time to become cicatrised without leaving any traces. Then if the *legal* father has in his recollection the remembrance of any blennorrhagia in his early youth, everything is laid to the charge of heritage. But what can we say, when we do not find anything and have no confessions?

Infants at nurse can be infected by strangers, whom we do not suspect. They might afterwards infect their nurses, and before these latter could perceive the disease of their infant, and especially before they could recognize the nature of it, and account for what they themselves experience, the secondary accidents so prompt to develope themselves in young infants could have already appeared, and masked the point of departure in a manner to render it not easily recognized. I remember a remarkable case in this respect, for which my learned brother and friend, M. Richet, Surgeon at the Hospital de Lourcine, consulted me a few years ago. It was concerning a little daughter of a lawyer of Paris, still entrusted to the care of her nurse, and who was affected with syphilitic ulcerations upon the *ano-genital regions*. The parents being perfectly healthy, and the nurse absolutely in a healthy state, although she might have been suspected, the question arose from whence could come the contagion, when we learned that a clerk in the house, at that time diseased, had the habit of seating this child naked upon his hands, often soiled, and which he had not always taken care to wash. Without this discovery, how would they have explained the disease of this little child, and who would they have accused if the nurse had presented any trace or suspicion of syphilis?

In all these cases, with habit and perseverance we can succeed in discovering the source of the accidents. But it is not always so. The mother of the child is perfectly healthy; the *husband* of the mother is irreproachable; the nurse is free from all suspicion; and yet the child becomes diseased with syphilis. Here, where is the contagion? Permit me to cite to you a fact which could serve as an answer to this delicate question.

A young woman, accompanied with her husband much older, came to consult me for her child which she had just taken from the nurse, and which was infected with a constitutional syphilis, which she accused the nurse of having communicated to it. The child was almost entirely covered with a moist scaly syphilitic eruption; the region about the anus and the labia was the seat of ulcerated mucous tubercles. The child was six months old, and according to the nurse it was at the end of six weeks that the first accidents showed themselves. However, the mother and the *husband* affirm to me that they never underwent any contagion, and by a most careful examination, in fact, I could discover nothing either past or present. The nurse, examined in her turn, appeared to me perfectly healthy. Her own child, which she nursed at the same time as the sick infant, was in excellent health. I was much embarrassed in the research for the origin of the syphilis of this child, when I received the next day the visit of a young cavalry officer, who came to consult me for a syphilitic plantar and palmar eruption with which he was affected. This officer interrogated me with a touching solicitude upon the disease of the child which had been presented to me the day before, and he made me a confidant in the part which concerned him in this question; but as he did not know the laws of transmission, he was surprised to have begot a diseased child, inasmuch, said he, as he thought himself cured, and that he had no symptoms of the disease when he had connection with the lady, who in fact had not been diseased.

After all that I have told you, my friend, you see how much reserve, prudence, care and attention are necessary, before accepting as a demonstrated fact the contagion of secondary accidents. Do you not think with me, that for establishing definitely this law in syphilography, other facts are necessary than those at present deposited in the annals of science? Yours, &c. RICORD.

CATARACT IN A DOG—SUCCESSFUL OPERATIONS UNDER THE INFLUENCE OF ETHER.

BY HENRY W. WILLIAMS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

A FAVORITE "King Charles" spaniel, about three years of age, first attracted the notice of the servant having charge of him, as being partially blind, about nine months previous to my seeing him. From that time the opacity and loss of vision increased till he became totally blind.

On the 20th of April last, his condition was as follows:—Both eyes exhibit cataract of large size, completely occupying the field of the pupil. Their color is that of milk and water; but the whiteness is not uniformly diffused, each lens presenting a radiated appearance. He is evidently unable to see, and when in a hurry or excited he runs against obstacles in his path.

The animal being held between the knees of an assistant, chloric ether was administered till he became unconscious. I then introduced a Saunders's needle through the cornea of the left eye, and endeavored to make extensive incisions through the capsule of the lens. The capsule, however, had so much firmness that I was able to do little more than puncture it. A twirling motion between the finger and thumb, was given to the needle, that the central portion of the lenticular substance might be broken up. At this moment the dog suddenly drew his head backward, and the instrument was withdrawn from the eye.

After further inhalation of ether, the instrument was introduced in a similar manner into the right eye. The capsule of the cataract was still firmer than that of the left, and could not be freely incised on account of the mobility of the lens, which was suspended at one point only and receded from the instrument when pressure was made upon it. I succeeded in making a small aperture, and then endeavored to depress the cataract behind the pupil. This I partially succeeded in doing, but was unable entirely to detach it from its suspensory ligament.

No bandages were applied, nor was any restriction imposed upon the animal. No inflammation, and only a slight amount of injection, followed the operation.

May 2d.—The right lens is floating in the posterior chamber, rising and falling with the movements of the eyeball; the upper half of the pupil being most of the time free. I think the lens has somewhat diminished in size. In the left eye the lens seems to be adherent at the upper part of the pupil, but a small portion of clear pupil is visible at its lower edge. He finds his way better than before the operation.

November 13th.—"Jemmy," my patient, has been in the country since last report. The right pupil is now nearly free, the diminished lens occupying only a small portion of its lower edge. In the left pupil a small portion of the cataract is seen at its upper edge; but it seems nearly transparent, and appears, as does that of the right eye, to be still in process of absorption. He evidently sees. He does not run against objects; and I am told undertakes of his own accord excursions from the stable where he is usually kept, which he had not attempted to do during his blindness.

27th.—The relics of the two cataracts seem to have become diminished since I last saw him, and have a honey-combed appearance, absorption evidently still going on. They do not constitute an obstacle to vision; and could the patient, like bipeds who have undergone operations for the removal of cataract, enjoy the benefit derived from double convex spectacles, his sight would doubtless be perfect.

It will afford me great pleasure to show the subject of this narrative to any of my colleagues who may be interested in seeing him. The case is not without interest in a practical point of view, since it proves that valuable animals, as horses, may be restored to sight; the administration of ether giving facilities for the performance of the operation which greatly increase the chances of its success.

33 *Essex street, Boston, Dec.* 1st, 1852.

AN OPERATION FOR THE TREATMENT OF EXPOSED DENTAL NERVE, BY DR. S. P. MILLER OF WORCESTER, MASS., AND DR. S. P HULLIHEN OF WHEELING, VA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—The operation above mentioned, promises to be one of great importance in dental surgery—a step in advance of anything we have had in that line. And the gentlemen whose names are therewith connected should have all due credit allowed them for the improvement they appear to have made in the treatment of exposed nerve or inflamed dental pulp.

But as your correspondents, Dr. Cone and Dr. Gardette—the friends of Dr. Hullihen—seem to be under some wrong impression with regard to Dr. Miller's fair claim to originality in this matter, and are urging priority for Dr. H., I beg leave to make a statement which will place it in its true light before your readers, and in a satisfactory one, I have no doubt, before the worthy gentlemen who have made the valuable discovery, and have given us the results of their investigation with most remarkable coincidence, as regards the time of publishing, and the details of their operation.

In January, 1847, I published in your Journal, the result of a new operation, which I had practised during three preceding years, for preventing the inflammation and ulceration which too commonly followed the filling of teeth after the nerve had been destroyed by disease, by instruments, or by caustics. This operation consisted in perforating the neck of the tooth just beneath the edge of the gum, by passing a fine drill into the nerve-cavity, and leaving this open after the tooth had been filled.

Nearly two years ago, in December, 1850, I believe, while conversing with Dr. Miller on this subject, he informed me that he had not only tested this mode of treatment, and found it successful in the cases for which I had introduced it; but that he had extended the operation with a view to the attainment of a still more desirable object, viz., that of preserving the tooth in a more perfectly normal state, in the manner he has described in the number of this Journal for Oct. 20th. He then gave me an account of his success in several cases.

But at that time, though I considered the object as of the highest importance in dental surgery, if it could be effected; yet I viewed the operation as a delicate and doubtful one, and did not feel inclined to adopt it till I should hear more concerning it from Dr. M.

About a year or more since, he called my attention to the subject again, and assured me of its practicability by stating many cases of a difficult nature in which he had obtained the most satisfactory results. I was thence induced to adopt the treatment, and a uniform success encourages me to continue it.

I have no doubt, viewing the dates and circumstances which I have now stated, that the thought or discovery was original with both of the above-named gentlemen. Dr. Miller, I am assured, entertains no idea that his worthy colleague obtained any information of his experiments or success till they were published. And if Dr. Cone's statement be compared or taken in connection with the above, I think it will be clearly shown that Dr. Hullihen's movements in this new treatment could not have been known to Dr. Miller previous to the time when his own success in the same had been fully stated to some of his professional associates. And of this Dr. Hullihen himself, I think, will be fully satisfied.

Respectfully yours, J. F. FLAGG.

31 *Winter street, Boston, Dec.* 3, 1852.

MEDICAL LECTURES IN PHILADELPHIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In pursuance of my plan of giving short sketches of the lectures now being delivered to medical students in this city, I now have to record a few items upon a lecture of Dr. Meigs. I had never before seen Dr. M. nor heard him, and was disappointed in his appearance. I had imagined he was a portly, well-proportioned man; and therefore, when I saw a thin, tall, bald-headed lecturer, presenting about the characteristics of John Randolph, of whom it was said, "a pistol-ball might be shot through him and never hit him," I could not but feel disappointed. The Professor is a perfect *withe*—active, quick, ready, sarcastic; and with an apparent consciousness that he is lecturing to the largest class of medical students in America, he pours out knowledge as though "the fountains of his great deep were broken up." He was speaking of *uterine hemorrhage*, and the manner in which he handled those professed doctors who *plug up the vagina*, and then allow the woman to bleed to death *internally*, was just as it should have been—not one jot or tittle should be taken from it; nor need anything be added to it. He compared such a doctor to the silly ostrich who hides its head and thinks itself wholly out of sight; or

> "Like the bird that's called the quail,
> That hides its head and not its tail."

Such poor silly doctors, he said, because they *saw* no blood, thought there was none, until the fact that the patient was *moribund* awakened them. He said "Such a doctor ought to be hung," and justly enough, thought the writer—but what a tremendous neck-breaking it would cause among those doctors who have been graduated twenty-five years. Then the *tampon* plan was in vogue. Dr. M. closed with a good story.

Now, Mr. Editor, you have often spoken of the *great number of doctors*, and wondered, with the rest of us, where they were all to get a living. Just imagine, then, six hundred students rushing down from Prof. M.'s lecture to hear Prof. Dunglison in the room below. You might well ask, where will all these go? Prof. D. comes in. The students receive him with *uproarious* exclamations of welcome. He has laid out upon the table (which he scarcely touches or refers to) a score of *mummified hearts*; and announces that his lecture is to be upon *the circulation*. The whole quantity of blood now, he says, found in the human body, is 18 pounds. It used to be 27 or 28; but as men are degenerating, they have not such bodies as inhabited the earth in the days of our fathers. Then, also, the heart, the *left* heart, threw out only two ounces at each contraction; now, the Germans (these Germans are a curious race) have discovered that *six* ounces of blood are thrown from the left ventricle every time it contracts. Who shall decide when doctors *thus* disagree? Dr. D. is a perfect *mill-clapper*, so to speak. He seems to make but *one* sentence, from the commencement to the close of his lecture. It is not easy to retain his lecture, though there is a constant stream of it while it lasts. Like the mountain torrent it vanishes and leaves not a trace behind. He appears to be a man of much science, and of unusually large acquirements, overflowing at all times with his subject; but he would be more compassionate to his hearers, if he would deal it out in doses a little more approximating to *infinitesimals*. He surely is not a homœopathist, so far as the *size* of his doses (taking a lecture for a dose) is concerned. He seems somewhat tenacious of his own opinions, and reminds one of the remarks of an old Scotch clergyman (the doctor is of Scotch descent)—"It behoveth a Scotchman to be *right*, for, if he be wrong, he be forever and eternally wrong." I will not attempt to give a *synopsis*, even, of his lecture. It would take a volume.

There is a wide difference between the *manner* of lecturing at the Jefferson and at the University. At the Jefferson all seems to go upon the high-pressure system. *Bodily* exercise is great—the professors are like tornadoes, sweeping all before them. They fly about, beat the air, and act as though everything depended upon *activity* and motion; while at the University every movement is gentle and quiet, and every word well selected and appropriate. One would as soon expect a clap of thunder from a clear sky, as an unnecessary motion, or a mistake, from Drs. Wood or Jackson. I refer to these differences as characteristic of the different schools; not as wishing to give any opinion as to which is the best.

I have heard Dr. Jackson lecture again, and the more I hear him the better he lectures, or, rather, the better I appreciate his lectures. He is certainly a *very pleasant* and a *very correct speaker*.

David Paul Brown, one of the most eminent lawyers in Philadelphia, is giving a course of lectures upon Medical Jurisprudence in the Philadelphia College of Medicine. They are well worth attending, and it is pleasing to see this branch of medical science, formerly so much neglected, now beginning to receive that attention which its importance demands, in a number of our medical colleges. It is to be hoped that more thorough instruction upon this subject will prepare medical men to testify in courts of justice with greater credit to themselves, at least, than formerly; and to know when they are *skilled* and when *common* witnesses—a desideratum long needed.

Philadelphia, November 30, 1852.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 22, 1852.

The Esculapian.—Week before last, a prospectus of a newly projected medical paper was given in this Journal, to be conducted by C. D. Griswold, M.D., of New York. The prospectus embraces new features, and the work will have well-grounded claims to medical patronage. If our own profession neglect to give the weight of their influence to enterprises which actually contemplate the security, honor and progress of scientific practitioners, no member of the fraternity has a right to complain when he finds himself distanced in popular favor by successful impudence and ignorance. A publication like the one contemplated by Dr. Griswold, is calculated to meet a difficulty—for it will reach both the great public and physicians. Dr. G. is a good writer, an experienced editor, and has a tact for addressing himself to all conditions of society. In a word, Dr. Griswold is progressive—a man of the times. Such operators are as much needed in the medical ranks as among politicians.

Diseases of the Skin.—Several medical gentlemen among us are giving special consideration to the various maladies to which the skin is liable in this fickle climate. The only way of becoming thoroughly familiar with the character of the diseases and eruptions to which that texture is subject, is to relinquish all expectation of carrying on a mixed practice, and concentrate the attention on that one specialty. Dr. Durkee's success is wholly referable to the adoption of this plan. An advertisement of Dr. Phelps, in our page for notices, announces his design of giving attention to skin diseases; and as his favorable opportunities and devotion to practical medicine are well known in this community, he has before him an open path to distinction in that particular department. We are advocates of this plan of attending to one class of maladies, because skill and success so generally result from it.

Reform Medical College.—Dr. Beach, so long known as the self-styled reformer in medicine, has come into the city of Boston and planted his eclectic banner. A circular states the interesting fact that a new medical college under his supervision, and with the talismanic cognomen of *Reform*, has actually commenced operations in our midst. Great things are to be taught—and one of its new features is that females as well as males are to be instructed in it. The "terms for qualifying females will be $75.00—one half payable in advance, the remainder when her studies are completed. If paid in advance, only $50.00. Price for male students, $100.00." Matriculation ticket, $5—diploma, $10. "When students are qualified for their profession, they will receive a diploma, without any formal examination, under the sanction of a charter from the State of New York." There is another peculiarity worth mentioning. "One of the most desirable and important acquisitions in this institution, is the facility offered to students of learning the healing art without the useless and dangerous practice of dissections." The world is full of changes, and by and by society will present the appearance of a garment so universally patched, that nothing of the original can be recognized. Isms in morals and politics have entirely changed its aspects from the olden times, when adventurers were few, and honesty was a common virtue.

Druggist's Receipt Book.—This is one of the neatly-printed volumes which are perpetually emanating from the press of Messrs. Lindsay and Blakiston, of Philadelphia. But we have hesitated in regard to the propriety of naming it in the Journal. Although ostensibly for the guide of druggists, it is a far better one for the professed farrier, who is so generally ignorant of the first principles of his profession. It is pleasant enough to know the composition of a thousand patent and proprietary medicines, and to understand some of the leading mixtures which are unfortunately in common use for torturing and killing horses and cattle, under the delusive idea that they are to restore them to health. But this book cannot be of much service to a scientific veterinary practitioner. Then, again, the volume is quite a salmagundi, being "the Druggist's Receipt Book, comprising a copious veterinary formulary, and a table of veterinary materia medica, numerous receipts in patent and proprietary medicines, druggist's nostrums, &c., perfumery and cosmetics, beverages, dietictic articles, condiments, trade, chemicals," &c.; and, in short, there are too many good things, or things which are good for nothing—brought into hodge-podge continuity. As property, we wish the publishers all possible success.

Dr. Slade's Translation of Ricord.—When the series of M. Ricord's letters on syphilis, now publishing in this Journal, is completed, the letters are to appear in an economical form, accompanied by an analysis, and an account of the most recent system of practice. Dr. Slade proposes also a few illustrations. It would add very much to the value, and certainly to the interest of the work, if a few plates were introduced. Any book on surgery or its cognate branches, is far more acceptable to the professional public if illustrative drawings are interspersed, even if they are not of the highest order of art.

Kousso.—By referring to the advertisement of Messrs. Brown & Pierce, of Salem, the profession will perceive where they can procure the article which has acquired so much reputation in the expulsion of the tape worm. Some extraordinary cases have been reported, in which kousso was found a reliable medicine. In these days of activity and science, new remedies are frequently brought to light through commercial enterprise, which are novel and surprising. Kousso is one of them, and it is desirable to have its properties thoroughly tested by practitioners.

Medical Students.—An impression exists that the number in attendance at medical schools is considerably smaller, in the aggregate, the present season, than usual. This is gratifying intelligence; but without a footing up of the catalogues, it is quite impossible to determine the point. Too many have been entering the profession for the last ten years. If government would commission ten where one is now taken into the public service, it would present a prospect of encouragement: but we have no great standing armies requiring a numerous staff of surgeons; the navy is economically provided with them, and merchant ships rarely venture upon the expense of a medical officer. There is so little to look forward to, in regard to income from business, in the present crowded state of the profession throughout the whole length and breadth of the land, that no one can be surprised should there be a falling off of candidates at the schools. At the West, there is much more room for an increase in the medical ranks than in New England. There a physician may grow up with a town, and hold that position which is due to enterprise and talent; but in the old Atlantic States, in which every order and kind of medical adventurers abound, a young Æsculapian finds himself in a limited sphere of action, with no immediate encouragement, and discovering that life is too precious to be frittered away in hopeless expectancy, very many abandon the field in disgust, and turn their attention to something else.

Treatment of Disease.—Dr. Bigelow's admirable discourse at the opening of the present course of lectures at the Massachusetts Medical College, has been published by the class. As on all former occasions, the author has shown himself a profound medical philosopher, whose thoughts are his own. In recommending the lecture to the thorough study of all into whose hands it may fall, we at the same time regret that we could not have had the manuscript, because a hundred minds would have been reached through our Journal where the pamphlet will overtake but one. The address is, as a whole, unexceptionably excellent. See advertisement.

Dr. Brown-Séquard's Lectures.—The lectures of this gentleman in Boston have closed, and have given much satisfaction to all who have heard them. The following testimonials have been handed us for insertion, and we cheerfully give them a place.

"At a meeting of the medical gentlemen who have attended the lectures of Dr. Brown-Séquard, held Dec. 14th, 1852, Dr. Warren was called to the chair, and the following resolutions, offered by Dr. H. J. Bigelow and seconded by Dr. Bowditch, were unanimously adopted, after amendments by Dr. Bartlett and Dr. Coale.

Resolved, That having attended a course of lectures by Dr. Brown-Séquard, illustrated by dissections and experiments, upon subjects connected with physiology, and especially with that of the nervous system, we are desirous of expressing to Dr. Séquard the gratification which we have received from these lectures; which have been the result of extended original research; which have been eminently characterized by a spirit of rigid induction; and which have conveyed many practical hints upon pathological subjects. Therefore

Resolved, That we hereby offer our thanks to Dr. Séquard for the gratification and profit we have received from his very interesting lectures. That we commend these lectures to those members of our profession in other cities who may not have had the pleasure of hearing them, and that we indulge the hope that Dr. Séquard may find it convenient to continue his lectures here at some future time.

Resolved, That the above resolutions be published in the Boston Medical and Surgical Journal."

—

We, the undersigned, constituted a committee in behalf of the members of the Tremont Medical School, of Boston, desire to express to Dr. Brown-

Séquard the gratification which has been afforded during the delivery of the course of lectures just finished; and would state that we feel deeply grateful at the intetest which has been manifested by him in his subject and in them, and at the clear and explicit manner in which he has endeavored to explain what to them was new and difficult. With many kind wishes, we remain his obedient servants,

Nathan P. Rice,
E. H. Hitchcock, Jr.,
Boston, Dec. 15, 1852. J. A. A. Ribeiro.

Dr. Coale's Treatise on Uterine Displacements.—The publisher of this Journal will issue, in a few days, a pamphlet edition of the excellent practical essay on diseases of the uterus, which has appeared in successive numbers of the Journal. Dr. Coale's directions for the management of these diseases have been highly spoken of by the profession, as they have been read, and we have no doubt many will be glad to have them in a separate form.

Medical Miscellany.—There seems to be no termination to the devastations of the yellow fever in the different localities where it is now prevailing. At St. Domingo, the mortality is still dreadful; medicine being apparently powerless.—Croup has been very common in the course of the long season of warm, damp weather, the last few weeks, but not very fatal.—Amherst College has organized a strong scientific department, where young gentlemen may be trained to useful pursuits at a very reasonable expense.—Smallpox still has its victims in Worcester County, Mass., particularly in the town of Grafton.—Prof. Gilbert, of the Pennsylvania Medical College, publishes in the Medical Examiner a statement of the kind of cases in Surgery in which he has successfully used adhesive plaster as a counter-extending bandage. Prof. Gross, of Louisville, has also published cases in which the same treatment was adopted with advantage. Cases of club-foot have been treated in the same way. Dr. Swift, of Easton, is said to have been the first to adopt the plan. The plan is worthy a more extended trial in fractures and other surgical cases.

To Correspondents.—The following papers are on file—received since our last issue:—Report of a Committee on Intermittent Fever in Chelsea; Anatomical Anomaly; Fever at the South; Operative Surgery; Use of Kousso; Poisoning from Tobacco; Dr. Stephenson on the Eye; Singular Cause of Death.

Errata.—On page 387, in the 19th and 20th lines from the top, *omit the brackets*, and *insert a comma after* the word "insensibility." The correct reading will then be, "the indications of insensibility, subsidence of the heart's action and diminished power of respiration appearing to be," &c. On page 391, tenth line from the bottom, read *administered* instead of "extracted." In the eleventh, or next line above, read *were* in place of "are."

Died,—In Abington, Sept. 27th, of dysentery, after a short and distressing sickness, Dr. Chas. A. King, aged 26.

Deaths in Boston—for the week ending Saturday noon, Dec. 18th, 77.—Males, 39—females, 38. Accidental, 1—apoplexy, 1—inflammation of bowels, 1—burn, 1—congestion of brain, 1—consumption, 14—convulsions, 5—croup, 4—diarrhœa, 1—dropsy in head, 4—infantile, 4—puerperal, 1—typhus fever, 1—typhoid fever, 5—scarlet fever, 12—hooping cough, 3—disease of heart, 1—inflammation of the lungs, 7—mania, 1—poison, 1—pleurisy, 3—teething, 2—tumor, 1—unknown, 2.

Under 5 years, 30—between 5 and 20 years, 14—between 20 and 40 years, 13—between 40 and 60 years, 16—over 60 years, 4. Americans, 24; foreigners and children of foreigners, 53. The above includes 4 deaths at the City Institutions.

Temperature and Diseases in Lewis Co., Missouri. To the Editor.—Sir,—I send you a short account of the range of temperature of our summer, and a few remarks as to the diseases to which we have had in this climate during the summer and fall. In August and September there were a great many cases of bilious diarrhœa and flux, but mostly confined to those families who are in the habit of using cistern water, which is the case with all those who live on the high lands, a distance from the Creeks. Those who used limestone water were exempt. The diarrhœa without bloody discharges I treated with creosote in small doses, and it acted like a charm; but there was no benefit derived from it where the disease was confined to the lower bowels and the discharges bloody. Intermittent and remittent fevers prevailed in low situations, but were easily cured by quinine, given in three six gr. doses, commencing ten hours before the paroxysm, and give one every two hours, with a purge of calomel and soda at night.

		Deg.			Deg.			Deg.			Deg.
June	1,	83	July	1,	69	August	1,	80	September	1,	89
“	2,	89	“	2,	70	“	2,	70	“	2,	74
“	3,	78	“	3,	80	“	3,	70	“	8,	76
“	4,	66	“	4,	83	“	4,	79	“	4,	82
“	5,	68	“	5,	90	“	5,	77	“	5,	83
“	6,	78	“	6,	90	“	6,	78	“	6,	83
“	7,	66	“	7,	90	“	7,	80	“	7,	86
“	8,	67	“	8,	82	“	8,	77	“	8,	84
“	9,	62	“	9,	86	“	9,	78	“	9,	86
“	10,	66	“	10,	84	“	10,	77	“	10,	81
“	11,	76	“	11,	84	“	11,	74	“	11,	71
“	12,	82	“	12,	83	“	12,	81	“	12,	66
“	13,	85	“	13,	80	“	13,	86	“	13,	71
“	14,	86	“	14,	80	“	14,	70	“	14,	72
“	15,	83	“	15,	86	“	15,	80	“	15,	72
“	16,	84	“	16,	81	“	16,	82	“	16,	74
“	17,	78	“	17,	83	“	17,	86	“	17,	70
“	18,	80	“	18,	86	“	18,	84	“	18,	66
“	19,	82	“	19,	88	“	19,	78	“	19,	70
“	20,	82	“	20,	87	“	20,	82	“	20,	62
“	21,	86	“	21,	88	“	21,	82	“	21,	68
“	22,	77	“	22,	87	“	22,	92	“	22,	74
“	23,	68	“	23,	84	“	23,	86	“	23,	74
“	24,	68	“	24,	78	“	24,	89	“	24,	73
“	25,	69	“	25,	82	“	25,	88	“	25,	70
“	26,	78	“	26,	87	“	26,	84	“	26,	65
“	27,	80	“	27,	91	“	27,	82	“	27,	66
“	28,	82	“	28,	92	“	28,	80	“	28,	74
“	29,	82	“	29,	95	“	29,	78	“	29,	74
“	30,	85	“	30,	78	“	30,	88	“	30,	76
			“	31,	79	“	31,	88			
Mean temperature for this month 70 and a fraction.			Mean Temperature for this month 83 and a fraction.			Mean Temperature for this month 80 and a fraction.			Mean Temperature for this month 74, with some wet weather.		

Monticello, Lewis Co., Mo., Nov. 8, 1852. Z. T. Knight.

Epilepsy Cured by Tracheotomy.—Drs. W. J. Mackansie and Marshall Hall report, in the December No. of the London Lancet, a case of epilepsy cured by tracheotomy. We have several cases of the disease on hand, in some of which we intend to operate after the manner of Dr. Hall, and report results.

If the operation prove successful, it will be a brilliant triumph to reason in medicine, as distinguished from mere observation. We want more reasoning minds in our profession, to take up the disjointed facts scattered about, and deduce truth therefrom.—*Philadelphia Medical and Surgical Journal.*